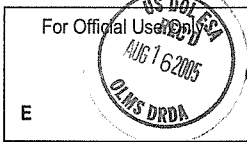


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - 8467 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name ADAM A MILLER P.O. Box, Bldg., Room No., if any Street 8000 E. JEFFERSON AVE City DETROIT State MI ZIP Code + 4 48214 | 4. Name, file number, and address of labor organization. Name UNITED AUTO WORKERS Labor Organization File Number 000149 P.O. Box, Building and Room Number, if any Street 8000 E. JEFFERSON AVE City DETROIT State MI ZIP Code + 4 48214 |
| 5. Position in labor organization. PROFESSIONAL STAFF | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/1/05
Date

313 926 5321
Telephone Number

| | |
|--|----------------|
| Name of Person Filing <i>Adam A Miller</i> | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <i>DELTA DENTAL of Michigan</i></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any <i>30416</i></p> <p>Street </p> <p>City <i>Lansing</i></p> <p>State <i>MI</i> ZIP Code + 4 <i>48909-7916</i></p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p> | <p>11.a. Nature of such dealing.</p> <p><i>I am a corporate board member and attended 1 annual corporate board meeting on may 26, 2004.</i></p> <p>11.b. Approximate dollar value of such dealing. <i>\$4600.</i></p> <p>12.a. Nature of interest held or income received.</p> <p><i>per diem for attending above meeting.</i></p> <p>12.b. Amount. <i>\$4600.</i></p> |

| | |
|---|---|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p> | <p>14.a. Nature of payment.</p> <p></p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <p></p> |

| | |
|---|-----------------------|
| Name of Person Filing Adam A. Miller | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Voluntary Benefit Plan for Retired Employees of Allis Chalmers Corporation</p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street 6009 Lanterman Dr., Unit I</p> <p>City Mayfield Heights</p> <p>State OH ZIP Code + 4 44124</p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px; font-family: cursive;"> Attended 4 regular trustee meetings, representing UAW </div> <p>11.b. Approximate dollar value of such dealing. \$ 900</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px; font-family: cursive;"> Trust paid for airfare, lodging + meals as appropriate. </div> <p>12.b. Amount. \$ 4900</p> |

| | |
|--|--|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: 100px;"></div> |

| | |
|--|-----------------------|
| Name of Person Filing <u>Adam A. Miller.</u> | File Number <u>U-</u> |
|--|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| 8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Voluntary Benefit Plan for Retired Workers of WHITE MOTOR CORPORATION</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <u>6009 Landerhaven Dr., Unit I</u> City <u>Mayfield Heights</u> State <u>OH</u> ZIP Code + 4 <u>44124</u> | 11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Attended 4 regular trustee meetings, representing UAW</u> </div> 11.b. Approximate dollar value of such dealing. <u>\$ 900</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Trust paid for airfare, lodging + meals as appropriate. No personal remuneration.</u> </div> 12.b. Amount. <u>\$ 900</u> |

| | |
|---|---|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | 14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ? | 14.b. Amount of payment. <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div> |